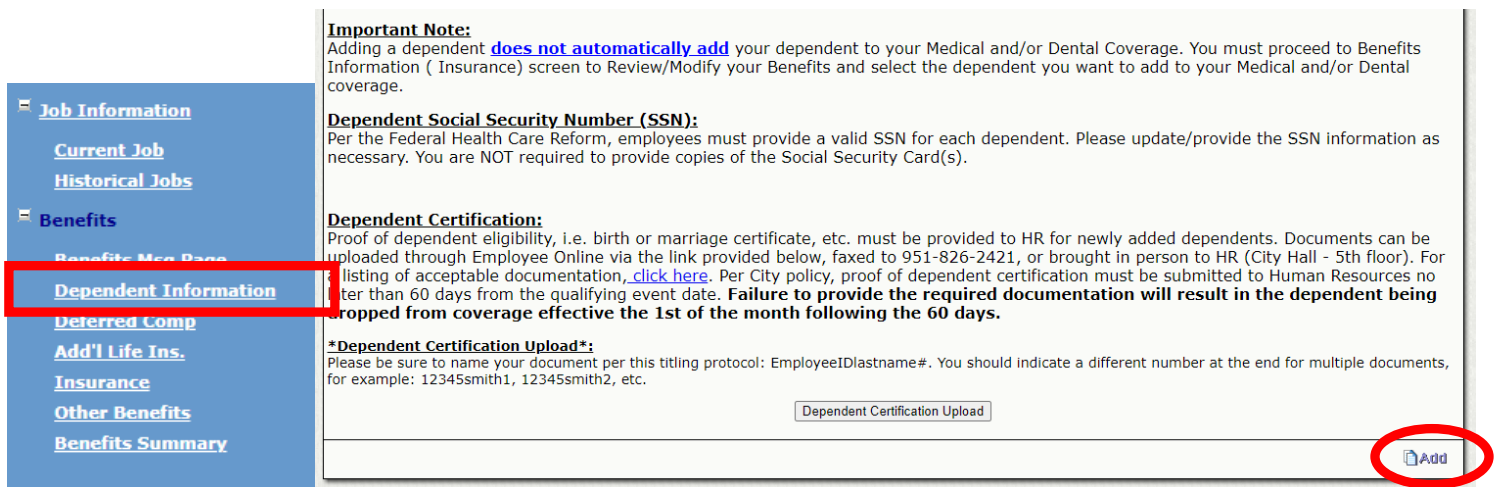


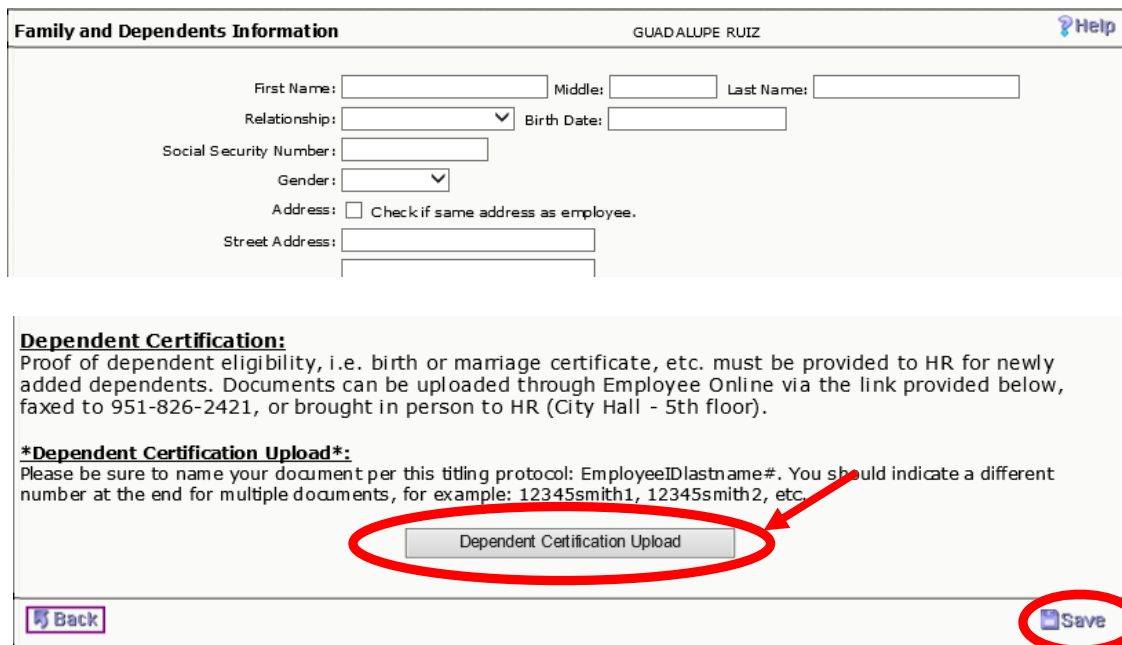
# Requesting Changes to Your Benefits

Be sure to review the [Qualifying Event Guidelines](#) before requesting changes to your benefits

**Step 1: Dependent Information** - Add, remove, or verify dependent information. To add a new dependent, remove or verify an existing dependent record in the "Dependent Information" screen. Be sure to upload a birth announcement, birth certificate, marriage certificate, or other proof of a qualifying event using [the Dependent Certification Upload](#) button. **Adding a dependent profile does NOT add them to your medical and/or dental plan**, you must proceed to Benefit Selection to add/drop new and existing dependents to/from your medical and/or dental plans.



After entering your dependent's information, upload your dependent certification and click "Save"



# Requesting Changes to Your Benefits

**Step 2: Add/Remove Dependent from Insurance** – To add or remove a dependent from your insurance plan(s) click on **Insurance** and select the plan you would like to add or remove the dependent from then select your Plan (which will be hyperlinked) and

**Benefits**

[Benefits Msg Page](#)

[Dependent Information](#)

[Deferred Comp](#)

[Add'l Life Ins.](#)

[Insurance](#)

[Other Benefits](#)

[Benefits Summary](#)

**Insurance Benefits** JENNIFER KELLY BROWN

Coverage Type	Plan Name	Covered Individuals
<a href="#">MEDICAL</a>	HEALTH OPT OUT	Employee
<a href="#">DENTAL</a>	DELTA DNTL DPO	Family

**IMPORTANT INFORMATION:** Premiums for health and dental insurance are due in advance and are paid via payroll deduction. Premiums are split evenly between two paychecks and there are a total of 24 deductions in a calendar year. In months where there are fewer than 24 paychecks, the employee will be responsible for the remaining premium.

Depending upon the timing of benefits enrollments, additional premiums may be due if any pay periods have been missed in the past. Resources/Benefits will contact the employee with details about the retroactive adjustments.

Update the **Coverage Category**, if necessary, **check or uncheck** the box next to the dependent you are adding or removing and include a **Qualifying Event** and **Date** and click **Save**.

**Update Insurance Benefit** ? Help

	<p><b>Current Plan</b></p> <p>Plan Name: DELTA DNTL DPO</p> <p>Plan Type: PRE-TAX</p> <p>Description: DELTA DENTAL PRETAX DPO</p> <p>Employee Deduction: 0</p> <p>Coverage Category: <input checked="" type="checkbox"/> Family  <input type="checkbox"/> Employee  <input type="checkbox"/> Emp + one</p> <p>Covered Dependents:</p> <p>(SPOUSE) <input checked="" type="checkbox"/></p> <p>(CHILD) <input checked="" type="checkbox"/></p> <p>(CHILD) <input checked="" type="checkbox"/></p> <p><a href="#">Qualifying Events</a></p> <p>Qualifying Event Date: <input type="text"/></p>	<p><b>New Change Request</b></p> <p>DELTA DNTL DPO</p> <p>PRE-TAX</p> <p>DELTA DENTAL PRETAX DPO</p> <p>0</p> <p><input checked="" type="radio"/> Family  <input type="radio"/> Employee  <input type="radio"/> Emp + one</p> <p><input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/></p> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 5px;"> <input type="text"/>  <input type="text"/> </div>
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Back
 Save

- **Blue Shield HMO plans** – If enrolled in a Blue Shield HMO plan a Primary Care Physician(PCP) identification number needs to be entered for the dependent on the medical screen. The Finding a Doctor tool can be used to find the PCP number for each doctor, this tool can be accessed at <http://www.blueshield.com/networkhmo>

# Requesting Changes to Your Benefits

**Step 3: Benefit Confirmation** - **Verify your request.** Print and/or email your Benefit Confirmation statement before exiting the EO system.

**Benefits**

[Benefits Msg Page](#)

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**Benefit Confirmation** Help

Below is a summary of your Current benefit elections and any outstanding change requests.

Benefit Plan	Current Plan	Benefit Change Request
<b>MEDICAL</b>	HEALTH OPT OUT (Emp Only)	(No Change Submitted)
<b>DENTAL</b>	DELTA DNTL DPO (Family)	(No Change Submitted)
<b>Dependent(s)</b>		
<b>FSA HEALTH CARE</b>	FSA PLAN HEALTH (Emp Only)	(Not Enrolled)
<b>Amount</b>	\$2,750.00	
<b>LEGAL PLAN</b>	LEGAL PLAN (Emp Only)	(No Change Submitted)
<b>LTD - MANAGEMENT</b>	MGMT LTD (Emp Only)	(No Change Submitted)

## Questions or Concerns

[CityBenefits@RiversideCA.Gov](mailto:CityBenefits@RiversideCA.Gov)

(951) 826-5639